



General Assembly

January Session, 2013

Raised Bill No. 6594

LCO No. 3996



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING RESIDENTIAL CARE HOMES AND
DEFINITIONS OF "NURSING HOME FACILITY" AND "MEDICAL
REVIEW COMMITTEE."***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-521 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2013*):

3 As used in this section and sections 19a-522 to 19a-534a, inclusive, as
4 amended by this act, 19a-536 to 19a-539, inclusive, as amended by this
5 act, 19a-550 to 19a-554, inclusive, as amended by this act, and 19a-562a,
6 unless the context otherwise requires:

7 (1) "Nursing home facility" means any nursing home [or residential
8 care home as defined in section 19a-490] or any rest home with nursing
9 supervision [which provides, in addition to personal care required in a
10 residential care home,] that provides nursing supervision under a
11 medical director twenty-four hours per day, or any chronic and
12 convalescent nursing home [which] that provides skilled nursing care
13 under medical supervision and direction to carry out nonsurgical

14 treatment and dietary procedures for chronic diseases, convalescent
15 stages, acute diseases or injuries; ["department"]

16 (2) "Department" means the Department of Public Health; [and
17 "commissioner"]

18 (3) "Commissioner" means the Commissioner of Public Health or
19 the commissioner's designated representative; and

20 (4) "Residential care home" means an establishment that furnishes,
21 in single or multiple facilities, food and shelter to two or more persons
22 unrelated to the proprietor and, in addition, provides services that
23 meet a need beyond the basic provisions of food, shelter and laundry.

24 Sec. 2. Subsection (c) of section 19a-490 of the general statutes is
25 repealed and the following is substituted in lieu thereof (*Effective July*
26 *1, 2013*):

27 (c) "Residential care home", "nursing home" or "rest home" means an
28 establishment [which] that furnishes, in single or multiple facilities,
29 food and shelter to two or more persons unrelated to the proprietor
30 and, in addition, provides services [which] that meet a need beyond
31 the basic provisions of food, shelter and laundry;

32 Sec. 3. Subsection (a) of section 17b-451 of the general statutes is
33 repealed and the following is substituted in lieu thereof (*Effective July*
34 *1, 2013*):

35 (a) Any physician or surgeon licensed under the provisions of
36 chapter 370, any resident physician or intern in any hospital in this
37 state, whether or not so licensed, any registered nurse, any nursing
38 home administrator, nurse's aide or orderly in a nursing home facility
39 or residential care home, any person paid for caring for a patient in a
40 nursing home facility or residential care home, any staff person
41 employed by a nursing home facility or residential care home, any
42 patients' advocate and any licensed practical nurse, medical examiner,

43 dentist, optometrist, chiropractor, podiatrist, social worker, clergyman,
44 police officer, pharmacist, psychologist or physical therapist, who has
45 reasonable cause to suspect or believe that any elderly person has been
46 abused, neglected, exploited or abandoned, or is in a condition [which]
47 that is the result of such abuse, neglect, exploitation or abandonment,
48 or is in need of protective services, shall, not later than seventy-two
49 hours after such suspicion or belief arose, report such information or
50 cause a report to be made in any reasonable manner to the
51 Commissioner of Social Services or to the person or persons
52 designated by the commissioner to receive such reports. Any person
53 required to report under the provisions of this section who fails to
54 make such report within the prescribed time period shall be fined not
55 more than five hundred dollars, except that, if such person
56 intentionally fails to make such report within the prescribed time
57 period, such person shall be guilty of a class C misdemeanor for the
58 first offense and a class A misdemeanor for any subsequent offense.

59 Sec. 4. Section 19a-491b of the general statutes is repealed and the
60 following is substituted in lieu thereof (*Effective July 1, 2013*):

61 (a) Any person who is licensed to establish, conduct, operate or
62 maintain a nursing home or residential care home shall notify the
63 Commissioner of Public Health immediately if the owner, conductor,
64 operator or maintainer of [the] such home, any person described in
65 subdivision (3) of subsection (a) of section 19a-491a, or any nurse or
66 nurse's aide has been convicted of (1) a felony, as defined in section
67 53a-25, (2) cruelty to persons under section 53-20, or (3) assault of a
68 victim sixty or older under section 53a-61a; or has been subject to any
69 decision imposing disciplinary action by the licensing agency in any
70 state, the District of Columbia, a United States possession or territory
71 or a foreign jurisdiction. Failure to comply with the notification
72 requirement shall subject the licensed person to a civil penalty of not
73 more than one hundred dollars.

74 (b) Each nursing home and residential care home shall require a

75 person described in subdivision (3) of subsection (a) of section 19a-
76 491a or a nurse or nurse's aide to complete and sign an application
77 form which contains questions as to whether the person has been
78 convicted of any crime specified in subsection (a) of this section or has
79 been subject to any decision imposing disciplinary action as described
80 in said subsection. Any person seeking employment in a position
81 connected with the provision of care in a nursing home or residential
82 care home who makes a false written statement regarding such prior
83 criminal convictions or disciplinary action shall be guilty of a Class A
84 misdemeanor.

85 (c) The Commissioner of Public Health shall require each initial
86 applicant described in subdivision (1) of subsection (a) of section 19a-
87 491a to submit to state and national criminal history records checks.
88 The criminal history records checks required by this subsection shall
89 be conducted in accordance with section 29-17a.

90 Sec. 5. Section 19a-491c of the general statutes is repealed and the
91 following is substituted in lieu thereof (*Effective July 1, 2013*):

92 (a) As used in this section:

93 (1) "Criminal history and patient abuse background search" or
94 "background search" means (A) a review of the registry of nurse's
95 aides maintained by the Department of Public Health pursuant to
96 section 20-102bb, (B) checks of state and national criminal history
97 records conducted in accordance with section 29-17a, and (C) a review
98 of any other registry specified by the Department of Public Health
99 which the department deems necessary for the administration of a
100 background search program.

101 (2) "Direct access" means physical access to a patient or resident of a
102 long-term care facility that affords an individual with the opportunity
103 to commit abuse or neglect against or misappropriate the property of a
104 patient or resident.

105 (3) "Disqualifying offense" means a conviction of any crime
106 described in 42 USC 1320a-7(a)(1), (2), (3) or (4) or a substantiated
107 finding of neglect, abuse or misappropriation of property by a state or
108 federal agency pursuant to an investigation conducted in accordance
109 with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C).

110 (4) "Long-term care facility" means any facility, agency or provider
111 that is a nursing home, as defined in section 19a-521, as amended by
112 this act, a residential care home, as defined in section 19a-521, as
113 amended by this act, a home health agency, as defined in section 19a-
114 490, as amended by this act, an assisted living services agency, as
115 defined in section 19a-490, as amended by this act, an intermediate
116 care facility for the mentally retarded, as defined in 42 USC 1396d(d), a
117 chronic disease hospital, as defined in section 19a-550, as amended by
118 this act, or an agency providing hospice care which is licensed to
119 provide such care by the Department of Public Health or certified to
120 provide such care pursuant to 42 USC 1395x.

121 Sec. 6. Section 19a-497 of the general statutes is repealed and the
122 following is substituted in lieu thereof (*Effective July 1, 2013*):

123 (a) Each institution shall, upon receipt of a notice of intention to
124 strike by a labor organization representing the employees of such
125 institution, in accordance with the provisions of the National Labor
126 Relations Act, 29 USC 158, file a strike contingency plan with the
127 commissioner not later than five days before the date indicated for the
128 strike.

129 (b) The commissioner may issue a summary order to any nursing
130 home facility, as defined in section 19a-521, as amended by this act, or
131 any residential care home, as defined in section 19a-521, that fails to
132 file a strike contingency plan that complies with the provisions of this
133 section and the regulations adopted by the commissioner pursuant to
134 this section within the specified time period. Such order shall require
135 the nursing home facility or residential care home to immediately file a

136 strike contingency plan that complies with the provisions of this
137 section and the regulations adopted by the commissioner pursuant to
138 this section.

139 (c) Any nursing home facility or residential care home that is in
140 noncompliance with this section shall be subject to a civil penalty of
141 not more than ten thousand dollars for each day of noncompliance.

142 (d) (1) If the commissioner determines that a nursing home facility
143 or residential care home is in noncompliance with this section or the
144 regulations adopted pursuant to this section, for which a civil penalty
145 is authorized by subsection (c) of this section, the commissioner may
146 send to an authorized officer or agent of the nursing home facility or
147 residential care home, by certified mail, return receipt requested, or
148 personally serve upon such officer or agent, a notice that includes: (1)
149 A reference to this section or the section or sections of the regulations
150 involved; (2) a short and plain statement of the matters asserted or
151 charged; (3) a statement of the maximum civil penalty that may be
152 imposed for such noncompliance; and (4) a statement of the party's
153 right to request a hearing to contest the imposition of the civil penalty.

154 (2) A nursing home facility or residential care home may make
155 written application for a hearing to contest the imposition of a civil
156 penalty pursuant to this section not later than twenty days after the
157 date such notice is mailed or served. All hearings under this section
158 shall be conducted in accordance with the provisions of chapter 54. If a
159 nursing home facility or residential care home fails to request a hearing
160 or fails to appear at the hearing or if, after the hearing, the
161 commissioner finds that the nursing home facility or residential care
162 home is in noncompliance, the commissioner may, in the
163 commissioner's discretion, order that a civil penalty be imposed that is
164 not greater than the penalty stated in the notice. The commissioner
165 shall send a copy of any order issued pursuant to this subsection by
166 certified mail, return receipt requested, to the nursing home facility
167 named in such order.

168 (e) The commissioner shall adopt regulations, in accordance with
169 the provisions of chapter 54: (1) Establishing requirements for a strike
170 contingency plan, which shall include, but not be limited to, a
171 requirement that the plan contain documentation that the institution
172 has arranged for adequate staffing and security, food, pharmaceuticals
173 and other essential supplies and services necessary to meet the needs
174 of the patient population served by the institution in the event of a
175 strike; and (2) for purposes of the imposition of a civil penalty upon a
176 nursing home facility or residential care home pursuant to subsections
177 (c) and (d) of this section.

178 (f) Such plan shall be deemed a statement of strategy or negotiation
179 with respect to collective bargaining for the purpose of subdivision (9)
180 of subsection (b) of section 1-210.

181 Sec. 7. Subsection (d) of section 19a-498 of the general statutes is
182 repealed and the following is substituted in lieu thereof (*Effective July*
183 *1, 2013*):

184 (d) In addition, when the Commissioner of Social Services deems it
185 necessary, said commissioner, or a designated representative of said
186 commissioner, may examine and audit the financial records of any
187 nursing home facility, as defined in section 19a-521, as amended by
188 this act, any residential care home, as defined in section 19a-521, as
189 amended by this act, or any nursing facility management services
190 certificate holder, as defined in section 19a-561. Each nursing home
191 facility, residential care home and nursing facility management
192 services certificate holder shall retain all financial information, data
193 and records relating to the operation of the nursing home facility or
194 residential care home for a period of not less than ten years, and all
195 financial information, data and records relating to any real estate
196 transactions affecting such operation, for a period of not less than
197 twenty-five years, which financial information, data and records shall
198 be made available, upon request, to the Commissioner of Social
199 Services or such designated representative at all reasonable times. In

200 connection with any inquiry, examination or investigation, the
201 commissioner or the commissioner's designated representative may
202 issue subpoenas, order the production of books, records and
203 documents, administer oaths and take testimony under oath. The
204 Attorney General, upon request of said commissioner or the
205 commissioner's designated representative, may apply to the Superior
206 Court to enforce any such subpoena or order.

207 Sec. 8. Subsection (b) of section 19a-502 of the general statutes is
208 repealed and the following is substituted in lieu thereof (*Effective July*
209 *1, 2013*):

210 (b) If any person conducting, managing or operating any nursing
211 home facility, as defined in section 19a-521, as amended by this act, or
212 residential care home, as defined in section 19a-521, as amended by
213 this act, fails to maintain or make available the financial information,
214 data or records required under subsection (d) of section 19a-498, as
215 amended by this act, such person's license as a nursing home facility or
216 residential care home administrator may be revoked or suspended in
217 accordance with section 19a-517 or the license of such nursing home
218 facility or residential care home may be revoked or suspended in the
219 manner provided in section 19a-494, or both.

220 Sec. 9. Section 19a-521c of the general statutes is repealed and the
221 following is substituted in lieu thereof (*Effective July 1, 2013*):

222 No nursing home facility, as defined in section 19a-521, as amended
223 by this act, or residential care home, as defined in section 19a-521, as
224 amended by this act, shall restrict any patient from obtaining
225 prescription drugs through a prescription drug program or health plan
226 offered by the United States Department of Veterans Affairs. If a
227 nursing home facility or residential care home patient obtains
228 prescription drugs through a prescription drug program or health plan
229 offered by the United States Department of Veterans Affairs, the
230 nursing home facility or residential care home may require such

231 prescription drugs to be dispensed and administered according to [the]
232 such facility's or home's policies, provided such policies conform to
233 applicable state and federal laws. At the request of a patient, [a nursing
234 home] such facility or home shall dispense and administer prescription
235 drugs obtained through a prescription drug program or health plan
236 operated by the United States Department of Veterans Affairs
237 regardless of the form of the drugs' packaging. Nothing in this section
238 shall prevent [a nursing home facility] such facility or home from
239 dispensing and administering to a patient prescription drugs that are
240 obtained from sources other than a prescription drug program or
241 health plan operated by the United States Department of Veterans
242 Affairs when the patient requires such drugs before the drugs can be
243 obtained from such drug program or health plan.

244 Sec. 10. Section 19a-522 of the general statutes is repealed and the
245 following is substituted in lieu thereof (*Effective July 1, 2013*):

246 (a) The commissioner shall adopt regulations, in accordance with
247 chapter 54, concerning the health, safety and welfare of patients in
248 nursing home facilities or residential care homes, classification of
249 violations relating to such facilities, medical staff qualifications, record-
250 keeping, nursing service, dietary service, personnel qualifications and
251 general operational conditions. The regulations shall: (1) Assure that
252 each patient admitted to a nursing home facility or residential care
253 home is protected by adequate immunization against influenza and
254 pneumococcal disease in accordance with the recommendations of the
255 National Advisory Committee on Immunization Practices, established
256 by the Secretary of Health and Human Services; (2) specify that each
257 patient be protected annually against influenza and be vaccinated
258 against pneumonia in accordance with the recommendations of the
259 National Advisory Committee on Immunization; and (3) provide
260 appropriate exemptions for patients for whom such immunizations are
261 medically contraindicated and for patients who object to such
262 immunization on religious grounds.

263 (b) Nursing home facilities or residential care homes may not charge
264 the family or estate of a deceased self-pay patient beyond the date on
265 which such patient dies. Nursing home facilities or residential care
266 homes shall reimburse the estate of a deceased self-pay patient, within
267 sixty days after the death of such patient, for any advance payments
268 made by or on behalf of the patient covering any period beyond the
269 date of death. Interest, in accordance with subsection (a) of section 37-
270 1, on such reimbursement shall begin to accrue from the date of such
271 patient's death.

272 Sec. 11. Section 19a-523 of the general statutes is repealed and the
273 following is substituted in lieu thereof (*Effective July 1, 2013*):

274 (a) If, from the results of an inspection and investigation in
275 accordance with section 19a-498, or upon receipt of a report or
276 complaint from the Commissioner of Social Services, pursuant to
277 section 17b-408, and upon such review and further investigation, as the
278 Commissioner of Public Health deems necessary, the Commissioner of
279 Public Health determines that such nursing home facility or residential
280 care home has violated any provision of the Public Health Code
281 relating to the operation or maintenance of a nursing home facility or
282 residential care home, the Commissioner of Public Health may,
283 notwithstanding the provisions of chapter 54, request the Attorney
284 General to seek a temporary or permanent injunction and such other
285 relief as may be appropriate to enjoin such nursing home facility or
286 residential care home from continuing such violation or violations. If
287 the court determines such violation or violations exist, it may grant
288 such injunctive relief and such other relief as justice may require and
289 may set a time period within which such nursing home facility or
290 residential care home shall comply with any such order.

291 (b) Any appeal taken from any permanent injunction granted under
292 subsection (a) of this section shall not stay the operation of such
293 injunction unless the court is of the opinion that great and irreparable
294 injury will be done by not staying the operation of such injunction.

295 Sec. 12. Section 19a-524 of the general statutes is repealed and the
296 following is substituted in lieu thereof (*Effective July 1, 2013*):

297 If, upon review, investigation or inspection pursuant to section 19a-
298 498, as amended by this act, the Commissioner of Public Health
299 determines that a nursing home facility or residential care home has
300 violated any provision of section 17b-406, 19a-521 to 19a-529, inclusive,
301 as amended by this act, 19a-531 to 19a-551, inclusive, as amended by
302 this act, or 19a-553 to 19a-555, inclusive, as amended by this act,
303 section 19a-491a, 19a-491b, 19a-493a or 19a-528a or any regulation in
304 the Public Health Code or regulation relating to licensure or the Fire
305 Safety Code relating to the operation or maintenance of a nursing
306 home facility, which violation has been classified in accordance with
307 section 19a-527, he or she shall immediately issue or cause to be issued
308 a citation to the licensee of such nursing home facility. Governmental
309 immunity shall not be a defense to any citation issued or civil penalty
310 imposed pursuant to sections 19a-524 to 19a-528, inclusive, as
311 amended by this act. Each such citation shall be in writing, shall
312 provide notice of the nature and scope of the alleged violation or
313 violations and shall be sent by certified mail to the licensee at the
314 address of the nursing home facility or residential care home in issue.
315 A copy of such citation shall also be sent to the licensed administrator
316 at the address of the [facility] nursing home facility or residential care
317 home.

318 Sec. 13. Section 19a-525 of the general statutes is repealed and the
319 following is substituted in lieu thereof (*Effective July 1, 2013*):

320 (a) The administrator of the nursing home facility or residential care
321 home, or his or her designee, shall, within three days, excluding
322 Saturdays, Sundays and holidays, of receipt of the citation by the
323 licensee, notify the commissioner if the licensee contests the citation. If
324 the administrator fails to so notify the commissioner within such three-
325 day period, the citation shall be deemed a final order of the
326 commissioner, effective upon the expiration of said period.

327 (b) If any administrator of a nursing home facility or residential care
328 home, or his or her designee, notifies the commissioner that the
329 licensee contests the citation, the commissioner shall provide within
330 five days of such notice, excluding Saturdays, Sundays and holidays,
331 an informal conference between the licensee and the commissioner. If
332 the licensee and commissioner fail to reach an agreement at such
333 conference, the commissioner shall set the matter down for a hearing
334 as a contested case in accordance with chapter 54, not more than five
335 nor less than three days after such conference, with notice of the date
336 of such hearing to the administrator not less than two days before such
337 hearing, provided the minimum time requirements may be waived by
338 agreement. The commissioner shall, [within] not later than three days,
339 excluding Saturdays, Sundays and holidays, after the conference if
340 agreement is reached at such conference, or after the hearing, issue a
341 final order, based on findings of fact, affirming, modifying or vacating
342 the citation.

343 Sec. 14. Section 19a-526 of the general statutes is repealed and the
344 following is substituted in lieu thereof (*Effective July 1, 2013*):

345 (a) When, in the case of a class A or B violation, a final order
346 becomes effective, the citation, the order, if any, affirming or
347 modifying the citation and the finding shall be filed by the
348 Commissioner of Public Health in the office of the clerk of the superior
349 court for the judicial district of Hartford. Said clerk shall cause said
350 citation, order, if any, and finding to be filed in said court. Upon such
351 filing, the civil penalty imposed may be enforced in the same manner
352 as a judgment of the Superior Court, provided if an appeal is taken in
353 accordance with section 19a-529, as amended by this act, the court or a
354 judge thereof may, in its or his discretion, stay execution of such order.

355 (b) Civil penalties imposed pursuant to this section shall be paid not
356 later than fifteen days after the final date by which an appeal may be
357 taken as provided in section 19a-529, as amended by this act, or, if an
358 appeal is taken, not later than fifteen days after the final judgment on

359 such appeal. In the event such fines are not paid, the Commissioner of
360 Public Health shall notify the Commissioner of Social Services who is
361 authorized to immediately withhold from the nursing home's or
362 residential care home's next medical assistance payment, an amount
363 equal to the amount of the civil penalty.

364 Sec. 15. Section 19a-527 of the general statutes is repealed and the
365 following is substituted in lieu thereof (*Effective July 1, 2013*):

366 Citations issued pursuant to section 19a-524, as amended by this act,
367 shall be classified according to the nature of the violation and shall
368 state such classification and the amount of the civil penalty to be
369 imposed on the face thereof. The Commissioner of Public Health shall,
370 by regulation in accordance with chapter 54, classify violations as
371 follows:

372 (a) Class A violations are conditions [which] that the Commissioner
373 of Public Health determines present an immediate danger of death or
374 serious harm to any patient in the nursing home facility. For each class
375 A violation, a civil penalty of not more than five thousand dollars may
376 be imposed;

377 (b) Class B violations are conditions [which] that the Commissioner
378 of Public Health determines present a probability of death or serious
379 harm in the reasonably foreseeable future to any patient in the nursing
380 home facility or residential care home, but [which] that he or she does
381 not find constitute a class A violation. For each such violation, a civil
382 penalty of not more than three thousand dollars may be imposed.

383 Sec. 16. Section 19a-528 of the general statutes is repealed and the
384 following is substituted in lieu thereof (*Effective July 1, 2013*):

385 In imposing the civil penalties [which] that shall become due under
386 sections 19a-524 to 19a-528, inclusive, as amended by this act, the
387 commissioner may consider all factors [which he] that the
388 commissioner deems relevant, including, but not limited to, the

389 following:

390 (1) The amount of assessment necessary to insure immediate and
391 continued compliance;

392 (2) The character and degree of impact of the violation on the health,
393 safety and welfare of any patient in the nursing home facility or
394 residential care home;

395 (3) The conduct of the person against whom the citation is issued in
396 taking all feasible steps or procedures necessary or appropriate to
397 comply or to correct the violation;

398 (4) Any prior violations by the nursing home facility or residential
399 care home of statutes, regulations or orders administered, adopted or
400 issued by the Commissioner of Public Health.

401 Sec. 17. Section 19a-529 of the general statutes is repealed and the
402 following is substituted in lieu thereof (*Effective July 1, 2013*):

403 Any person aggrieved by a final order pursuant to sections 19a-524
404 to 19a-528, inclusive, as amended by this act, may appeal such order to
405 the superior court for the judicial district in which the nursing home
406 facility or residential care home is situated in accordance with section
407 4-183. Such appeal shall have precedence in the order of trial to the
408 same extent as provided in section 52-191. This section shall provide
409 the exclusive procedure for appealing any such order.

410 Sec. 18. Section 19a-531 of the general statutes is repealed and the
411 following is substituted in lieu thereof (*Effective July 1, 2013*):

412 Any employee of the Department of Public Health or the
413 Department of Social Services or any regional ombudsman who gives
414 or causes to be given any advance notice to any nursing home facility
415 or residential care home, directly or indirectly, that an investigation or
416 inspection is under consideration or is impending or gives any
417 information regarding any complaint submitted pursuant to section

418 17b-408[,] or 19a-523, as amended by this act, prior to an on-the-scene
419 investigation or inspection of such facility, unless specifically
420 mandated by federal or state regulations to give advance notice, shall
421 be guilty of a class B misdemeanor and may be subject to dismissal,
422 suspension or demotion in accordance with chapter 67.

423 Sec. 19. Section 19a-532 of the general statutes is repealed and the
424 following is substituted in lieu thereof (*Effective July 1, 2013*):

425 No nursing home facility or residential care home shall discharge or
426 in any manner discriminate or retaliate against any patient in any
427 nursing home facility or residential care home, or any relative,
428 guardian, conservator or sponsoring agency thereof or against any
429 employee of any nursing home facility or residential care home or
430 against any other person because such patient, relative, guardian,
431 conservator, sponsoring agency, employee or other person has filed
432 any complaint or instituted or caused to be instituted any proceeding
433 under sections 17b-406, 17b-408, 19a-531 to 19a-534, inclusive, as
434 amended by this act, 19a-536 to 19a-539, inclusive, as amended by this
435 act, 19a-550, as amended by this act, 19a-553, as amended by this act,
436 and 19a-554, or has testified or is about to testify in any such
437 proceeding or because of the exercise by such patient, relative,
438 guardian, conservator, sponsoring agency, employee or other person
439 on behalf of himself, herself or others of any right afforded by said
440 sections. Notwithstanding any other provision of the general statutes,
441 any nursing home facility or residential care home [which] that
442 violates any provision of this section shall be liable to the injured party
443 for treble damages.

444 Sec. 20. Section 19a-534 of the general statutes is repealed and the
445 following is substituted in lieu thereof (*Effective July 1, 2013*):

446 If the commissioner determines that there is imminent danger to the
447 health, safety or welfare of any patient in any nursing home facility or
448 residential care home, said commissioner may transfer or cause to be

449 transferred such patient to another nursing home facility, residential
450 care home or hospital, provided the commissioner promptly notifies
451 the spouse, relative, guardian or conservator or sponsoring agency of
452 such patient of the transfer and indicates the nursing home facility,
453 residential care home or hospital to which such patient has been
454 transferred.

455 Sec. 21. Section 19a-534a of the general statutes is repealed and the
456 following is substituted in lieu thereof (*Effective July 1, 2013*):

457 If the commissioner finds that the health, safety or welfare of any
458 patient or patients in any nursing home facility or residential care
459 home imperatively requires emergency action and incorporates a
460 finding to that effect in the order, the commissioner may issue a
461 summary order to the holder of a license issued pursuant to section
462 19a-493 pending completion of any proceedings conducted pursuant
463 to section 19a-494. Such proceedings shall be promptly instituted and
464 determined. The orders [which] that the commissioner may issue shall
465 include, but not be limited to: (1) Revoking or suspending the license;
466 (2) prohibiting the nursing home facility or residential care home from
467 admitting new patients or discharging current patients; (3) limiting the
468 license of a nursing home facility or residential care home in any
469 respect, including reducing the licensed patient capacity; and (4)
470 compelling compliance with the applicable statutes or regulations
471 administered or adopted by the department.

472 Sec. 22. Section 19a-538 of the general statutes is repealed and the
473 following is substituted in lieu thereof (*Effective July 1, 2013*):

474 On or before January 1, 1977, and annually thereafter, the
475 Department of Public Health shall publish a report, available to the
476 public, [which] that shall include, but not be limited to, a list of all
477 nursing home facilities and residential care homes in this state;
478 whether such nursing home facilities and residential care homes are
479 proprietary or nonproprietary; the classification of each such nursing

480 home facility and residential care home; the name of the owner or
481 owners, including the name of any partnership, corporation, trust,
482 individual proprietorship or other legal entity [which] that owns or
483 controls, directly or indirectly, such facility or residential care homes;
484 the total number of beds; the number of private and semiprivate
485 rooms; the religious affiliation, and religious services offered, if any, in
486 the nursing home facility or residential care home; the cost per diem
487 for private patients; the languages spoken by the administrator and
488 staff of such nursing home facility or residential care home; the
489 number of full-time employees and their professions; whether or not
490 such nursing home facility or residential care home accepts Medicare
491 and Medicaid patients; recreational and other programs available and
492 the number and nature of any class A or class B citation issued against
493 such nursing home facility or residential care home in the previous
494 year.

495 Sec. 23. Section 19a-541 of the general statutes is repealed and the
496 following is substituted in lieu thereof (*Effective July 1, 2013*):

497 As used in this section and sections 19a-542 to 19a-549, inclusive,
498 unless the context otherwise requires:

499 (1) "Nursing home facility" shall have the same meaning as
500 provided in section 19a-521, as amended by this act;

501 (2) "Emergency" means a situation, physical condition or one or
502 more practices, methods or operations which presents imminent
503 danger of death or serious physical or mental harm to residents of a
504 nursing home facility;

505 (3) "Transfer trauma" means the medical and psychological
506 reactions to physical transfer that increase the risk of death, or grave
507 illness, or both, in elderly persons; [and]

508 (4) "Substantial violation" means a violation of law [which] that
509 presents a reasonable likelihood of serious physical or mental harm to

510 residents of a nursing home facility or residential care home; and

511 (5) "Residential care home" shall have the same meaning as
512 provided in section 19a-521, as amended by this act.

513 Sec. 24. Section 19a-542 of the general statutes is repealed and the
514 following is substituted in lieu thereof (*Effective July 1, 2013*):

515 (a) An application to appoint a receiver for a nursing home facility
516 or residential care home may be filed in the Superior Court by the
517 Commissioner of Social Services, the Commissioner of Public Health or
518 the director of the Office of Protection and Advocacy for Persons with
519 Disabilities. A resident of [a facility] such facility or home, or such
520 resident's legally liable relative, conservator or guardian may file a
521 written complaint with the Commissioner of Public Health specifying
522 conditions at [the] such facility [which] or home that warrant an
523 application to appoint a receiver. If the Commissioner of Public Health
524 fails to resolve such complaint [within] not later than forty-five days
525 [of] after its receipt or, in the case of a nursing home facility [which] or
526 residential care home that intends to close, [within] not later than
527 seven days [of] after its receipt, the person who filed the complaint
528 may file an application in the Superior Court for the appointment of a
529 receiver for such facility or home. Said court shall immediately notify
530 the Attorney General of such application. The court shall hold a
531 hearing not later than ten days after the date the application is filed.
532 Notice of such hearing shall be given to the owner of such facility or
533 residential care home, or such owner's agent for service of process, not
534 less than five days prior to such hearing. Such notice shall be posted by
535 the court in a conspicuous place inside such facility for not less than
536 three days prior to such hearing.

537 (b) A resident of a nursing home facility or residential care home for
538 which an application to appoint a receiver has been filed or such
539 resident's legally liable relative, conservator or guardian may appear
540 as a party to the proceedings.

541 (c) Notwithstanding the provisions of subsection (a) of this section
542 the court may appoint a receiver upon an ex parte motion when
543 affidavits, testimony or any other evidence presented indicates that
544 there is a reasonable likelihood an emergency exists in such facility
545 [which must] or home that shall be remedied immediately to insure
546 the health, safety and welfare of the patients of such facility or home.
547 Notice of the application and order shall be served on the owner or
548 [his] or the owner's agent for service of process and shall be posted in a
549 conspicuous place inside [the] such facility or home not later than
550 twenty-four hours after issuance of such order. A hearing on the
551 application shall be held not later than five days after the issuance of
552 such order unless the owner consents to a later date.

553 Sec. 25. Section 19a-543 of the general statutes is repealed and the
554 following is substituted in lieu thereof (*Effective July 1, 2013*):

555 The court shall grant an application for the appointment of a
556 receiver for a nursing home facility or residential care home upon a
557 finding of any of the following: (1) Such facility or home is operating
558 without a license issued pursuant to this chapter or such facility's or
559 home's license has been suspended or revoked pursuant to section 19a-
560 494; (2) such facility or home intends to close and adequate
561 arrangements for relocation of its residents have not been made at least
562 thirty days prior to closing; (3) such facility or home has sustained a
563 serious financial loss or failure which jeopardizes the health, safety and
564 welfare of the patients or there is a reasonable likelihood of such loss
565 or failure; or (4) there exists in such facility a condition in substantial
566 violation of the Public Health Code, or any other applicable state
567 statutes, or Title XVIII or XIX of the federal Social Security Act, 42 USC
568 301, as amended, or any regulation adopted pursuant to such state or
569 federal laws.

570 Sec. 26. Section 19a-544 of the general statutes is repealed and the
571 following is substituted in lieu thereof (*Effective July 1, 2013*):

572 It shall be a sufficient defense to a receivership application if any
573 owner of a nursing home facility or residential care home establishes
574 that, (1) [he] the owner did not have knowledge or could not
575 reasonably have known that any conditions in violation of section 19a-
576 543 existed, or (2) [he] the owner did not have a reasonable time in
577 which to correct such violations, or (3) the violations listed in the
578 application do not, in fact, exist or, in the event the grounds upon
579 which the petition is based are those set forth in subdivision (2) of
580 section 19a-543, as amended by this act, [the] such facility or home
581 does not intend to close.

582 Sec. 27. Subsection (a) of section 19a-545 of the general statutes is
583 repealed and the following is substituted in lieu thereof (*Effective July*
584 *1, 2013*):

585 (a) A receiver appointed pursuant to the provisions of sections 19a-
586 541 to 19a-549, inclusive, as amended by this act, in operating [such] a
587 nursing home facility or residential care home, shall have the same
588 powers as a receiver of a corporation under section 52-507, except as
589 provided in subsection (c) of this section and shall exercise such
590 powers to remedy the conditions [which] that constituted grounds for
591 the imposition of receivership, assure adequate health care for the
592 residents and preserve the assets and property of the owner. If [a] such
593 facility or home is placed in receivership it shall be the duty of the
594 receiver to notify each resident and each resident's guardian or
595 conservator, if any, or legally liable relative or other responsible party,
596 if known. Such receiver may correct or eliminate any deficiency in the
597 structure or furnishings of [the] such facility or home [which] that
598 endangers the safety or health of the residents while they remain in
599 [the] such facility or home, provided the total cost of correction does
600 not exceed three thousand dollars. The court may order expenditures
601 for this purpose in excess of three thousand dollars on application
602 from such receiver. If any resident is transferred or discharged such
603 receiver shall provide for: (1) Transportation of the resident and such
604 resident's belongings and medical records to the place where such

605 resident is being transferred or discharged; (2) aid in locating an
606 alternative placement and discharge planning in accordance with
607 section 19a-535; (3) preparation for transfer to mitigate transfer trauma,
608 including but not limited to, participation by the resident or the
609 resident's guardian in the selection of the resident's alternative
610 placement, explanation of alternative placements and orientation
611 concerning the placement chosen by the resident or the resident's
612 guardian; and (4) custodial care of all property or assets of residents
613 [which] that are in the possession of an owner of [the] such facility or
614 home. The receiver shall preserve all property, assets and records of
615 residents [which] that the receiver has custody of and shall provide for
616 the prompt transfer of the property, assets and records to the
617 alternative placement of any transferred resident. In no event may the
618 receiver transfer all residents and close [a] such facility or home
619 without a court order and without complying with the notice and
620 discharge plan requirements for each resident in accordance with
621 section 19a-535.

622 Sec. 28. Subsection (a) of section 19a-546 of the general statutes is
623 repealed and the following is substituted in lieu thereof (*Effective July*
624 *1, 2013*):

625 (a) A receiver may not be required to honor any lease, mortgage,
626 secured transaction or other contract entered into by the owner of [the]
627 a nursing home facility or residential care home if, upon application to
628 the Superior Court, said court determines that: (1) The person seeking
629 payment under the agreement was an owner or controlling
630 stockholder of [the] such facility or home or was an affiliate of such
631 owner or controlling stockholder at the time the agreement was made;
632 or (2) the rental, price or rate of interest required to be paid under the
633 agreement was substantially in excess of a reasonable rental, price or
634 rate of interest at the time the contract was entered into.

635 Sec. 29. Section 19a-547 of the general statutes is repealed and the
636 following is substituted in lieu thereof (*Effective July 1, 2013*):

637 (a) The court may appoint any responsible individual whose name
638 is proposed by the Commissioner of Public Health and the
639 Commissioner of Social Services to act as a receiver. Such individual
640 shall be a nursing home facility or residential care home administrator
641 licensed in the state of Connecticut with substantial experience in
642 operating Connecticut nursing homes. [On or before July 1, 2004, the]
643 The Commissioner of Social Services shall adopt regulations governing
644 qualifications for proposed receivers consistent with this subsection.
645 No state employee or owner, administrator or other person with a
646 financial interest in the [facility] nursing home facility or residential
647 care home may serve as a receiver for that [facility] nursing home
648 facility or residential care home. No person appointed to act as a
649 receiver shall be permitted to have a current financial interest in the
650 [facility] nursing home facility or residential care home; nor shall such
651 person appointed as a receiver be permitted to have a financial interest
652 in the [facility] nursing home facility or residential care home for a
653 period of five years from the date the receivership ceases.

654 (b) The court may remove such receiver in accordance with section
655 52-513. A nursing home facility or residential care home receiver
656 appointed pursuant to this section shall be entitled to a reasonable
657 receiver's fee as determined by the court. The receiver shall be liable
658 only in [his] the receiver's official capacity for injury to person and
659 property by reason of the conditions of the nursing home facility or
660 residential care home. [He] The receiver shall not be personally liable,
661 except for acts or omissions constituting gross, wilful or wanton
662 negligence.

663 (c) The court, in its discretion, may require a bond of such receiver
664 in accordance with section 52-506.

665 (d) The court may require the Commissioner of Public Health to
666 provide for the payment of any receiver's fees authorized in subsection
667 (a) of this section upon a showing by such receiver to the satisfaction of
668 the court that (1) the assets of the nursing home facility or residential

669 care home are not sufficient to make such payment, and (2) no other
670 source of payment is available, including the submission of claims in a
671 bankruptcy proceeding. The state shall have a claim for any court-
672 ordered fees and expenses of the receiver [which] that shall have
673 priority over all other claims of secured and unsecured creditors and
674 other persons whether or not [the] such nursing home facility or
675 residential care home is in bankruptcy, to the extent allowed under
676 state or federal law.

677 Sec. 30. Section 19a-548 of the general statutes is repealed and the
678 following is substituted in lieu thereof (*Effective July 1, 2013*):

679 Each receiver shall, during the first week in January, April, July and
680 October in each year, sign, swear to and file with the clerk of the court
681 by which [he] the receiver was appointed a full and detailed account of
682 his or her doings as such receiver for the three months next preceding,
683 together with a statement of all court orders passed during such three
684 months and the present condition and prospects of the nursing home
685 facility or residential care home in [his] the receiver's charge, and cause
686 a motion for a hearing and approval of the same to be placed on the
687 short calendar.

688 Sec. 31. Section 19a-549 of the general statutes is repealed and the
689 following is substituted in lieu thereof (*Effective July 1, 2013*):

690 The Superior Court, upon a motion by the receiver or the owner of
691 [such] the nursing home facility or residential care home, may
692 terminate the receivership if it finds that such facility or home has been
693 rehabilitated so that the violations complained of no longer exist or if
694 such receivership was instituted pursuant to subdivision (2) of section
695 19a-543, as amended by this act, the orderly transfer of the patients has
696 been completed and such facility or home is ready to be closed. Upon
697 such finding, the court may terminate the receivership and return such
698 facility or home to its owner. In its termination order the court may
699 include such terms as it deems necessary to prevent the conditions

700 complained of from recurring.

701 Sec. 32. Section 19a-550 of the general statutes is repealed and the
702 following is substituted in lieu thereof (*Effective July 1, 2013*):

703 (a)(1) As used in this section, (A) "nursing home facility" shall have
704 the same meaning as provided in section 19a-521, as amended by this
705 act, [and] (B) "residential care home" shall have the same meaning as
706 provided in section 19a-521, as amended by this act, and (C) "chronic
707 disease hospital" means a long-term hospital having facilities, medical
708 staff and all necessary personnel for the diagnosis, care and treatment
709 of chronic diseases; and (2) for the purposes of subsections (c) and (d)
710 of this section, and subsection (b) of section 19a-537, "medically
711 contraindicated" means a comprehensive evaluation of the impact of a
712 potential room transfer on the patient's physical, mental and
713 psychosocial well-being, which determines that the transfer would
714 cause new symptoms or exacerbate present symptoms beyond a
715 reasonable adjustment period resulting in a prolonged or significant
716 negative outcome that could not be ameliorated through care plan
717 intervention, as documented by a physician in a patient's medical
718 record.

719 (b) There is established a patients' bill of rights for any person
720 admitted as a patient to any nursing home facility, residential care
721 home or chronic disease hospital. The patients' bill of rights shall be
722 implemented in accordance with the provisions of Sections 1919(b),
723 1919(c), 1919(c)(2), 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security
724 Act. The patients' bill of rights shall provide that each such patient: (1)
725 Is fully informed, as evidenced by the patient's written
726 acknowledgment, prior to or at the time of admission and during the
727 patient's stay, of the rights set forth in this section and of all rules and
728 regulations governing patient conduct and responsibilities; (2) is fully
729 informed, prior to or at the time of admission and during the patient's
730 stay, of services available in [the] such facility, home or chronic disease
731 hospital, and of related charges including any charges for services not

732 covered under Titles XVIII or XIX of the Social Security Act, or not
733 covered by basic per diem rate; (3) is entitled to choose the patient's
734 own physician and is fully informed, by a physician, of the patient's
735 medical condition unless medically contraindicated, as documented by
736 the physician in the patient's medical record, and is afforded the
737 opportunity to participate in the planning of the patient's medical
738 treatment and to refuse to participate in experimental research; (4) in a
739 residential care home or a chronic disease hospital is transferred from
740 one room to another within [the facility] such home or chronic hospital
741 only for medical reasons, or for the patient's welfare or that of other
742 patients, as documented in the patient's medical record and such
743 record shall include documentation of action taken to minimize any
744 disruptive effects of such transfer, except a patient who is a Medicaid
745 recipient may be transferred from a private room to a nonprivate
746 room, provided no patient may be involuntarily transferred from one
747 room to another within [the facility] such home or chronic disease
748 hospital if (A) it is medically established that the move will subject the
749 patient to a reasonable likelihood of serious physical injury or harm, or
750 (B) the patient has a prior established medical history of psychiatric
751 problems and there is psychiatric testimony that as a consequence of
752 the proposed move there will be exacerbation of the psychiatric
753 problem [which] that would last over a significant period of time and
754 require psychiatric intervention; and in the case of an involuntary
755 transfer from one room to another within [the facility] such home or
756 chronic disease hospital, the patient and, if known, the patient's legally
757 liable relative, guardian or conservator or a person designated by the
758 patient in accordance with section 1-56r, is given [at least] not less than
759 thirty days' and [no] not more than sixty days' written notice to ensure
760 orderly transfer from one room to another within [the facility] such
761 home or chronic disease hospital, except where the health, safety or
762 welfare of other patients is endangered or where immediate transfer
763 from one room to another within [the facility] such home or chronic
764 disease hospital is necessitated by urgent medical need of the patient
765 or where a patient has resided in [the facility] such home or chronic

766 disease hospital for less than thirty days, in which case notice shall be
767 given as many days before the transfer as practicable; (5) is encouraged
768 and assisted, throughout the patient's period of stay, to exercise the
769 patient's rights as a patient and as a citizen, and to this end, has the
770 right to be fully informed about patients' rights by state or federally
771 funded patient advocacy programs, and may voice grievances and
772 recommend changes in policies and services to nursing home facility,
773 residential care home or chronic disease hospital staff or to outside
774 representatives of the patient's choice, free from restraint, interference,
775 coercion, discrimination or reprisal; (6) shall have prompt efforts made
776 by [the facility] such nursing home facility, residential care home or
777 chronic disease hospital to resolve grievances the patient may have,
778 including those with respect to the behavior of other patients; (7) may
779 manage the patient's personal financial affairs, and is given a quarterly
780 accounting of financial transactions made on the patient's behalf; (8) is
781 free from mental and physical abuse, corporal punishment,
782 involuntary seclusion and any physical or chemical restraints imposed
783 for purposes of discipline or convenience and not required to treat the
784 patient's medical symptoms. Physical or chemical restraints may be
785 imposed only to ensure the physical safety of the patient or other
786 patients and only upon the written order of a physician that specifies
787 the type of restraint and the duration and circumstances under which
788 the restraints are to be used, except in emergencies until a specific
789 order can be obtained; (9) is assured confidential treatment of the
790 patient's personal and medical records, and may approve or refuse
791 their release to any individual outside the facility, except in case of the
792 patient's transfer to another health care institution or as required by
793 law or third-party payment contract; (10) receives quality care and
794 services with reasonable accommodation of individual needs and
795 preferences, except where the health or safety of the individual would
796 be endangered, and is treated with consideration, respect, and full
797 recognition of the patient's dignity and individuality, including
798 privacy in treatment and in care for the patient's personal needs; (11) is
799 not required to perform services for the nursing home facility,

800 residential care home or chronic disease hospital that are not included
801 for therapeutic purposes in the patient's plan of care; (12) may
802 associate and communicate privately with persons of the patient's
803 choice, including other patients, send and receive the patient's
804 personal mail unopened and make and receive telephone calls
805 privately, unless medically contraindicated, as documented by the
806 patient's physician in the patient's medical record, and receives
807 adequate notice before the patient's room or roommate in [the] such
808 facility, home or chronic disease hospital is changed; (13) is entitled to
809 organize and participate in patient groups in [the] such facility, home
810 or chronic disease hospital and to participate in social, religious and
811 community activities that do not interfere with the rights of other
812 patients, unless medically contraindicated, as documented by the
813 patient's physician in the patient's medical records; (14) may retain and
814 use the patient's personal clothing and possessions unless to do so
815 would infringe upon rights of other patients or unless medically
816 contraindicated, as documented by the patient's physician in the
817 patient's medical record; (15) is assured privacy for visits by the
818 patient's spouse or a person designated by the patient in accordance
819 with section 1-56r and, if the patient is married and both the patient
820 and the patient's spouse are inpatients in the facility, they are
821 permitted to share a room, unless medically contraindicated, as
822 documented by the attending physician in the medical record; (16) is
823 fully informed of the availability of and may examine all current state,
824 local and federal inspection reports and plans of correction; (17) may
825 organize, maintain and participate in a patient-run resident council, as
826 a means of fostering communication among residents and between
827 residents and staff, encouraging resident independence and
828 addressing the basic rights of nursing home facility, residential care
829 home and chronic disease hospital patients and residents, free from
830 administrative interference or reprisal; (18) is entitled to the opinion of
831 two physicians concerning the need for surgery, except in an
832 emergency situation, prior to such surgery being performed; (19) is
833 entitled to have the patient's family or a person designated by the

834 patient in accordance with section 1-56r meet in [the] such facility,
835 residential care home or chronic disease hospital with the families of
836 other patients in the facility to the extent [the] such facility, residential
837 care home or chronic disease hospital has existing meeting space
838 available [which] that meets applicable building and fire codes; (20) is
839 entitled to file a complaint with the Department of Social Services and
840 the Department of Public Health regarding patient abuse, neglect or
841 misappropriation of patient property; (21) is entitled to have
842 psychopharmacologic drugs administered only on orders of a
843 physician and only as part of a written plan of care developed in
844 accordance with Section 1919(b)(2) of the Social Security Act and
845 designed to eliminate or modify the symptoms for which the drugs are
846 prescribed and only if, at least annually, an independent external
847 consultant reviews the appropriateness of the drug plan; (22) is
848 entitled to be transferred or discharged from the facility only pursuant
849 to section 19a-535 or section 19a-535b, as applicable; (23) is entitled to
850 be treated equally with other patients with regard to transfer,
851 discharge and the provision of all services regardless of the source of
852 payment; (24) shall not be required to waive any rights to benefits
853 under Medicare or Medicaid or to give oral or written assurance that
854 the patient is not eligible for, or will not apply for benefits under
855 Medicare or Medicaid; (25) is entitled to be provided information by
856 the nursing home facility, residential care home or chronic disease
857 hospital as to how to apply for Medicare or Medicaid benefits and how
858 to receive refunds for previous payments covered by such benefits;
859 (26) on or after October 1, 1990, shall not be required to give a third-
860 party guarantee of payment to the facility as a condition of admission
861 to, or continued stay in, [the] such facility, home or chronic disease
862 hospital; (27) is entitled to have [the] such facility, home or chronic
863 disease hospital not charge, solicit, accept or receive any gift, money,
864 donation, third-party guarantee or other consideration as a
865 precondition of admission or expediting the admission of the
866 individual to [the] such facility, home or chronic disease hospital or as
867 a requirement for the individual's continued stay in [the] such facility,

868 home or chronic disease hospital; and (28) shall not be required to
869 deposit the patient's personal funds in [the] such facility, home or
870 chronic disease hospital.

871 (c) The patients' bill of rights shall provide that a patient in a rest
872 home with nursing supervision or a chronic and convalescent nursing
873 home may be transferred from one room to another within [a facility]
874 such home only for the purpose of promoting the patient's well-being,
875 except as provided pursuant to subparagraph (C) or (D) of this
876 subsection or subsection (d) of this section. Whenever a patient is to be
877 transferred, [the facility] such home shall effect the transfer with the
878 least disruption to the patient and shall assess, monitor and adjust care
879 as needed subsequent to the transfer in accordance with subdivision
880 (10) of subsection (b) of this section. When a transfer is initiated by [the
881 facility] such and the patient does not consent to the transfer, [the
882 facility] such home shall establish a consultative process that includes
883 the participation of the attending physician, a registered nurse with
884 responsibility for the patient and other appropriate staff in disciplines
885 as determined by the patient's needs, and the participation of the
886 patient, the patient's family, a person designated by the patient in
887 accordance with section 1-56r or other representative. The consultative
888 process shall determine: (1) What caused consideration of the transfer;
889 (2) whether the cause can be removed; and (3) if not, whether [the
890 facility] such home has attempted alternatives to transfer. The patient
891 shall be informed of the risks and benefits of the transfer and of any
892 alternatives. If subsequent to the completion of the consultative
893 process a patient still does not wish to be transferred, the patient may
894 be transferred without the patient's consent, unless medically
895 contraindicated, only (A) if necessary to accomplish physical plant
896 repairs or renovations that otherwise could not be accomplished;
897 provided, if practicable, the patient, if the patient wishes, shall be
898 returned to the patient's room when the repairs or renovations are
899 completed; (B) due to irreconcilable incompatibility between or among
900 roommates, which is actually or potentially harmful to the well-being

901 of a patient; (C) if [the facility] such home has two vacancies available
902 for patients of the same sex in different rooms, there is no applicant of
903 that sex pending admission in accordance with the requirements of
904 section 19a-533 and grouping of patients by the same sex in the same
905 room would allow admission of patients of the opposite sex, [which]
906 that otherwise would not be possible; (D) if necessary to allow access
907 to specialized medical equipment no longer needed by the patient and
908 needed by another patient; or (E) if the patient no longer needs the
909 specialized services or programming that is the focus of the area of [the
910 facility] such home in which the patient is located. In the case of an
911 involuntary transfer, [the facility] such home shall, subsequent to
912 completion of the consultative process, provide the patient and the
913 patient's legally liable relative, guardian or conservator if any or other
914 responsible party if known, with at least fifteen days' written notice of
915 the transfer, which shall include the reason for the transfer, the
916 location to which the patient is being transferred, and the name,
917 address and telephone number of the regional long-term care
918 ombudsman, except that in the case of a transfer pursuant to
919 subparagraph (A) of this subsection at least thirty days' notice shall be
920 provided. Notwithstanding the provisions of this subsection, a patient
921 may be involuntarily transferred immediately from one room to
922 another within [a facility] such home to protect the patient or others
923 from physical harm, to control the spread of an infectious disease, to
924 respond to a physical plant or environmental emergency that threatens
925 the patient's health or safety or to respond to a situation that presents a
926 patient with an immediate danger of death or serious physical harm.
927 In such a case, disruption of patients shall be minimized; the required
928 notice shall be provided [within] not later than twenty-four hours after
929 the transfer; if practicable, the patient, if the patient wishes, shall be
930 returned to the patient's room when the threat to health or safety
931 [which] that prompted the transfer has been eliminated; and, in the
932 case of a transfer effected to protect a patient or others from physical
933 harm, the consultative process shall be established on the next business
934 day.

935 (d) Notwithstanding the provisions of subsection (c) of this section,
936 unless medically contraindicated, a patient who is a Medicaid recipient
937 may be transferred from a private to a nonprivate room. In the case of
938 such a transfer, the nursing home facility, residential care home or
939 chronic disease hospital shall (1) give [at least] not less than thirty
940 days' written notice to the patient and the patient's legally liable
941 relative, guardian or conservator, if any, a person designated by the
942 patient in accordance with section 1-56r or other responsible party, if
943 known, which notice shall include the reason for the transfer, the
944 location to which the patient is being transferred and the name,
945 address and telephone number of the regional long-term care
946 ombudsman; and (2) establish a consultative process to effect the
947 transfer with the least disruption to the patient and assess, monitor
948 and adjust care as needed subsequent to the transfer in accordance
949 with subdivision (10) of subsection (b) of this section. The consultative
950 process shall include the participation of the attending physician, a
951 registered nurse with responsibility for the patient and other
952 appropriate staff in disciplines as determined by the patient's needs,
953 and the participation of the patient, the patient's family, a person
954 designated by the patient in accordance with section 1-56r or other
955 representative.

956 (e) Any nursing home facility, residential care home or chronic
957 disease hospital that negligently deprives a patient of any right or
958 benefit created or established for the well-being of the patient by the
959 provisions of this section shall be liable to such patient in a private
960 cause of action for injuries suffered as a result of such deprivation.
961 Upon a finding that a patient has been deprived of such a right or
962 benefit, and that the patient has been injured as a result of such
963 deprivation, damages shall be assessed in the amount sufficient to
964 compensate such patient for such injury. The rights or benefits
965 specified in subsections (b) to (d), inclusive, of this section may not be
966 reduced, rescinded or abrogated by contract. In addition, where the
967 deprivation of any such right or benefit is found to have been wilful or

968 in reckless disregard of the rights of the patient, punitive damages may
969 be assessed. A patient may also maintain an action pursuant to this
970 section for any other type of relief, including injunctive and
971 declaratory relief, permitted by law. Exhaustion of any available
972 administrative remedies shall not be required prior to commencement
973 of suit under this section.

974 (f) In addition to the rights specified in subsections (b), (c) and (d) of
975 this section, a patient in a nursing home facility or residential care
976 home is entitled to have the facility manage the patient's funds as
977 provided in section 19a-551, as amended by this act.

978 Sec. 33. Section 19a-551 of the general statutes is repealed and the
979 following is substituted in lieu thereof (*Effective July 1, 2013*):

980 Each nursing home facility and residential care home shall: (1) On
981 or before the admission of each patient provide such patient or such
982 patient's legally liable relative, guardian or conservator with a written
983 statement explaining such patient's rights regarding the patient's
984 personal funds and listing the charges [which] that may be deducted
985 from such funds. Such statement shall explain that the nursing home
986 facility or residential care home shall on and after October 1, 1992, pay
987 interest at a rate not less than four per cent per annum and on and after
988 October 1, 1994, pay interest at a rate not less than five and one-half
989 per cent per annum on any security deposit or other advance payment
990 required of such patient prior to admission to the nursing home facility
991 or residential care home. In the case of patients receiving benefits
992 under Title XVIII or XIX of the federal Social Security Act the
993 statement shall include a list of charges not covered by said titles and
994 not covered by the basic per diem rate provided by said titles. Upon
995 delivery of such statement the person in charge of the nursing home
996 facility or residential care home shall obtain a signed receipt
997 acknowledging such delivery; (2) upon written consent or request of
998 the patient or the patient's legally liable relative, guardian or
999 conservator, manage such patient's personal funds, provided such

1000 consent by a patient shall not be effective unless cosigned by the
1001 patient's legally liable relative or guardian if such patient has been
1002 determined by a physician to be mentally incapable of understanding
1003 and no conservator has been appointed. As manager of such personal
1004 funds the nursing home facility or residential care home shall: (A)
1005 Either maintain separate accounts for each patient or maintain an
1006 aggregate trust account for patients' funds to prevent commingling the
1007 personal funds of patients with the funds of [the] such facility or home.
1008 [The] Such facility or home shall notify in writing each patient
1009 receiving Medicaid assistance or such patient's legally liable relative,
1010 guardian or conservator when the amount in the patient's account
1011 reaches two hundred dollars less than the dollar amount determined
1012 under the Medicaid program as the maximum for eligibility under the
1013 program and advise the patient or such patient's legally liable relative,
1014 guardian or conservator that if the amount in the account plus the
1015 value of the patient's other nonexempt resources reaches the maximum
1016 the patient may lose his or her Medicaid eligibility; (B) obtain signed
1017 receipts for each expenditure from each patient's personal funds; (C)
1018 maintain an individual itemized record of income and expenditures
1019 for each patient, including quarterly accountings; and (D) permit the
1020 patient or the patient's legally liable relative, guardian or conservator,
1021 and the regional long-term care ombudsman, and representatives from
1022 the Departments of Social Services and Public Health, access to such
1023 record; and (3) (A) refund any overpayment or deposit from a former
1024 patient or such patient's legally liable relative, guardian or conservator
1025 [within] not later than thirty days [of] after the patient's discharge and
1026 (B) refund any deposit from an individual planning to be admitted to
1027 [the] such facility [within] or home not later than thirty days of receipt
1028 of written notification that the individual is no longer planning to be
1029 admitted. A refund issued after thirty days shall include interest at a
1030 rate of ten per cent per annum. For the purposes of this section
1031 "deposit" shall include liquidated damages under any contract for
1032 pending admission.

1033 Sec. 34. Section 19a-552 of the general statutes is repealed and the
1034 following is substituted in lieu thereof (*Effective July 1, 2013*):

1035 (a) Any person who violates any provision of section 19a-551 shall
1036 be guilty of a class A misdemeanor.

1037 (b) Any patient or his legally liable relative, guardian or conservator
1038 may bring an action in the Superior Court for any violation of section
1039 19a-551. Any nursing home facility or residential care home
1040 determined by the court to be in violation of any provision of said
1041 section shall be liable to the injured party for treble damages.

1042 Sec. 35. Section 19a-553 of the general statutes is repealed and the
1043 following is substituted in lieu thereof (*Effective July 1, 2013*):

1044 (a) Each nursing home and residential care home administrator
1045 shall submit or cause to be submitted to the appropriate local law
1046 enforcement agency a detailed statement regarding any alleged
1047 commission of any crime or criminal action by any patient admitted to
1048 or by any person employed or visiting in any nursing home facility
1049 [which] or residential care home that is under the general
1050 administrative charge of such administrator.

1051 (b) Any person who violates any provision of this section shall be
1052 guilty of a class D misdemeanor.

1053 Sec. 36. Subsection (a) of section 20-101a of the general statutes is
1054 repealed and the following is substituted in lieu thereof (*Effective July*
1055 *1, 2013*):

1056 (a) A registered nurse, licensed under this chapter, in charge in a
1057 hospice, [or] nursing home facility, as defined in section 19a-521, as
1058 amended by this act, residential care home, as defined in section 19a-
1059 521, as amended by this act, or a registered nurse, licensed under this
1060 chapter or a registered nurse employed by a home health care agency
1061 licensed by the state of Connecticut, in a home or residence may make

1062 the actual determination and pronouncement of death of a patient
1063 provided that the following conditions are satisfied: (1) The death is an
1064 anticipated death; (2) the registered nurse attests to such
1065 pronouncement on the certificate of death; and (3) the registered nurse,
1066 an advanced practice registered nurse licensed under this chapter, or a
1067 physician licensed under chapter 370 certifies the death and signs the
1068 certificate of death [no] not later than twenty-four hours after the
1069 pronouncement.

1070 Sec. 37. Subsection (a) of section 45a-644 of the general statutes is
1071 repealed and the following is substituted in lieu thereof (*Effective July*
1072 *1, 2013*):

1073 (a) "Conservator of the estate" means a person, a municipal or state
1074 official, or a private profit or nonprofit corporation except a hospital,
1075 [or] nursing home facility, as defined in section 19a-521, as amended
1076 by this act, or residential care home, as defined in section 19a-521, as
1077 amended by this act, appointed by the Court of Probate under the
1078 provisions of sections 45a-644 to 45a-663, inclusive, as amended by this
1079 act, to supervise the financial affairs of a person found to be incapable
1080 of managing his or her own affairs or of a person who voluntarily asks
1081 the Court of Probate for the appointment of a conservator of the estate,
1082 and includes a temporary conservator of the estate appointed under
1083 the provisions of section 45a-654.

1084 Sec. 38. Subsection (a) of section 45a-669 of the general statutes is
1085 repealed and the following is substituted in lieu thereof (*Effective July*
1086 *1, 2013*):

1087 (a) "Plenary guardian of a person with intellectual disability" means
1088 a person, legally authorized state official, or private nonprofit
1089 corporation, except a hospital, [or] nursing home facility, as defined in
1090 section 19a-521, as amended by this act, or residential care home, as
1091 defined in section 19a-521, as amended by this act, appointed by a
1092 court of probate pursuant to the provisions of sections 45a-669 to 45a-

1093 684, inclusive, as amended by this act, to supervise all aspects of the
1094 care of an adult person, as enumerated in subsection (d) of section 45a-
1095 677, for the benefit of such adult, who by reason of the severity of his
1096 or her intellectual disability, has been determined to be totally unable
1097 to meet essential requirements for his physical health or safety and
1098 totally unable to make informed decisions about matters related to his
1099 or her care.

1100 Sec. 39. Subdivision (6) of section 46a-11a of the general statutes is
1101 repealed and the following is substituted in lieu thereof (*Effective July*
1102 *1, 2013*):

1103 (6) "Facility" means any public or private hospital, nursing home
1104 facility, residential care home, training school, regional facility, group
1105 home, community companion home, school or other program serving
1106 persons with intellectual disability;

1107 Sec. 40. Subdivision (4) of section 19a-17b of the general statutes is
1108 repealed and the following is substituted in lieu thereof (*Effective July*
1109 *1, 2013*):

1110 (4) "Medical review committee" shall include any committee of a
1111 state or local professional society or a committee of any health care
1112 [institution] provider established pursuant to written bylaws, and any
1113 utilization review committee established pursuant to Public Law 89-97,
1114 and a professional standards review organization or a state-wide
1115 professional standards review council, established pursuant to Public
1116 Law 92-603, engaging in peer review, to gather and review information
1117 relating to the care and treatment of patients for the purposes of (A)
1118 evaluating and improving the quality of health care rendered; (B)
1119 reducing morbidity or mortality; or (C) establishing and enforcing
1120 guidelines designed to keep within reasonable bounds the cost of
1121 health care. It shall also mean any hospital board or committee
1122 reviewing the professional qualifications or activities of its medical
1123 staff or applicants for admission thereto.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2013	19a-521
Sec. 2	July 1, 2013	19a-490(c)
Sec. 3	July 1, 2013	17b-451(a)
Sec. 4	July 1, 2013	19a-491b
Sec. 5	July 1, 2013	19a-491c
Sec. 6	July 1, 2013	19a-497
Sec. 7	July 1, 2013	19a-498(d)
Sec. 8	July 1, 2013	19a-502(b)
Sec. 9	July 1, 2013	19a-521c
Sec. 10	July 1, 2013	19a-522
Sec. 11	July 1, 2013	19a-523
Sec. 12	July 1, 2013	19a-524
Sec. 13	July 1, 2013	19a-525
Sec. 14	July 1, 2013	19a-526
Sec. 15	July 1, 2013	19a-527
Sec. 16	July 1, 2013	19a-528
Sec. 17	July 1, 2013	19a-529
Sec. 18	July 1, 2013	19a-531
Sec. 19	July 1, 2013	19a-532
Sec. 20	July 1, 2013	19a-534
Sec. 21	July 1, 2013	19a-534a
Sec. 22	July 1, 2013	19a-538
Sec. 23	July 1, 2013	19a-541
Sec. 24	July 1, 2013	19a-542
Sec. 25	July 1, 2013	19a-543
Sec. 26	July 1, 2013	19a-544
Sec. 27	July 1, 2013	19a-545(a)
Sec. 28	July 1, 2013	19a-546(a)
Sec. 29	July 1, 2013	19a-547
Sec. 30	July 1, 2013	19a-548
Sec. 31	July 1, 2013	19a-549
Sec. 32	July 1, 2013	19a-550
Sec. 33	July 1, 2013	19a-551
Sec. 34	July 1, 2013	19a-552
Sec. 35	July 1, 2013	19a-553
Sec. 36	July 1, 2013	20-101a(a)

Sec. 37	<i>July 1, 2013</i>	45a-644(a)
Sec. 38	<i>July 1, 2013</i>	45a-669(a)
Sec. 39	<i>July 1, 2013</i>	46a-11a(6)
Sec. 40	<i>July 1, 2013</i>	19a-17b(4)

Statement of Purpose:

To clarify the definitions of "nursing home facility" and "residential care home" and statutory references to such terms and to change the definition of "medical review committee".

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]